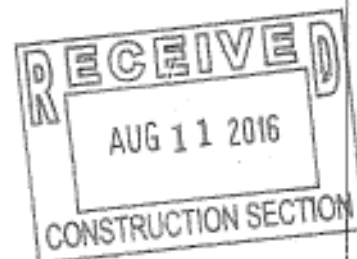


Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL024011</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>06/29/2016</b>
NAME OF PROVIDER OR SUPPLIER  <b>LAKE POINTE ASSISTED LIVING</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>206 WANANISH AVENUE LAKE WACCAMAW, NC 28450</b>		
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C 000	Initial Comments  This report is of a Biennial Construction Survey done by Bob Getchell and Ed Miller on June 29, 2016. A complaint investigation was done at the same time.  This facility was first licensed as a Home for the Aged serving 80 residents on November 1, 1975. Therefore the facility must meet the 1971 and the applicable portions of the 2005 10A NCAC 13 F Rules for the Licensing of Adult Care Homes of Seven or more Beds, and, the 1967 North Carolina State Building Code; Group D-2 Institutional Occupancy.  Deficiencies were noted which will require a plan of correction.	C 000		
C 101	Existing Licensed Fac- No less than 71 Rules  SECTION 0300 - PHYSICAL PLANT 10A NCAC 13F .0301 APPLICATION OF PHYSICAL PLANT REQUIREMENTS The physical plant requirements for each adult care home shall be applied as follows: (2) Except where otherwise specified, existing licensed facilities or portions of existing licensed facilities shall meet licensure and code requirements in effect at the time of construction, change in service or bed count, addition, renovation, or alteration; however in no case shall the requirements for any licensed facility where no addition or renovation has been made, be less than those requirements found in the 1971 "Minimum and Desired Standards and Regulations" for "Homes for the Aged and Infirm", copies of which are available at the Division of Health Service Regulation at no cost;	C 101		



**SIGN HERE**

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

*Debbie Hunt*

TITLE

*Administrator*

(X6) DATE

*8/11/16*

STATE FORM

8009

2YY221

If continuation sheet 1 of 11

**SCANNED**

Division of Health Service Regulation

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C 101	Continued From page 1  This Rule is not met as evidenced by: 1. Based on observation, the facility failed to meet the 1971 Minimum Rules requirement for complete detection. Findings include: There was no fire detecting device (a heat or smoke detector connected to the fire alarm system) provided in the following spaces: Room 5, Room 12, Room 14, Room 15, Room 16, Room 17, Room 18, Room 19, and Room 20.	C 101	(1) Facility has contacted with TriTek to replace all heat detectors in the facility. * See attached	9/30/16
C 150	Corridors-Free of equipment and Obstructions  SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (g) The requirements for corridors are: (4) Corridors shall be free of all equipment and other obstructions.	C 150	(2) TriTek will monitor the fire system on a quarterly basis. Any malfunctions will be reported to TriTek immediately.	
C 155	This Rule is not met as evidenced by: 1. Based on observation, egress from all areas was not maintained in a safe manner by having a corridor Exit Door blocked by furniture. This would affect all residents by not allowing free egress in an emergency.  Findings include: a) The right Exit Door from the Dining Room was blocked by a chair on the patio outside, and tables and chairs on the inside.	C 155	(1) All furniture was removed to allow access at the right exit door from the dining room.  2) The facility staff will monitor daily so that the exit door allows access.	8/9/16
C 155	Floors-Non-skid, in Good Repair  SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (i) The requirements for floors are: (1) All floors shall be of smooth, non-skid			

Fax: 803-47-0779



### TriTek Fire & Security, LLC

6 Woodcross Drive  
Columbia, SC 29212  
803-407-0747 Fx 803-407-0779  
Augusta: 706-722-4464  
Florence: 843-664-8811

Project Number 210644

7/7/2016

**\*\* Proposal \*\***

Project Title: **2016 Inspection Repairs**

Lake Pointe Assisted Living  
Tony Bigler  
206 Wananish Ave  
Lake Waccamaw, NC 28450

Tel: 910-920-1180

Mfr-Part No.	Qty	Description	Unit Price	Extended
		2016 Fire Alarm Inspection Repairs Tony Bigler (910) 308-7911 <a href="mailto:etcareinc@earthlink.net">etcareinc@earthlink.net</a>		
NOTIFIER-5601P	90	135 °F (57° C) fixed and rate-of-rise. (Plain)		
NOTIFIER-2W-B	2	Photo Detector, 2-wire, 12/24 Vdc, Photo.		
NOTIFIER-BG-12L	12	Dual action station, Red, terminal block, Key lock		
GENTEX CO-GEC3-24WR	9	GEC3-24 (Commander3) Series 24VDC, Wall Mount,  Evacuation Horn/Strobe Selectable Candela 15, 30, 60, 75, 110		
TRI-TECHNICAL SERVICE LBR	24	Technical Labor Service (Fire, Security, Communications)		
TRI-TRIP FEE	1	Trip Fee		

This is a proposal to replace all of the heat detectors in all residence rooms, pull stations so that the keys match, and audio visuals so that they sync that the fire marshal has stated that you need to correct as well as the smokes (hall by room 36, and hall by room 3) that failed the 2016 Fire Alarm Inspection. Once replaced the devices will be reinspected.

The above quote is an estimate only. All service repairs are estimated on bad device replacement. If our technician determines there are other issues such as wiring they will advise our office and you of the current situation. If additional time is required we will stop the repair, notify you of any additional time required and will not proceed until we are authorized to do so. This is to be considered a time and material estimate. If you have any questions please do not hesitate to contact our offices.

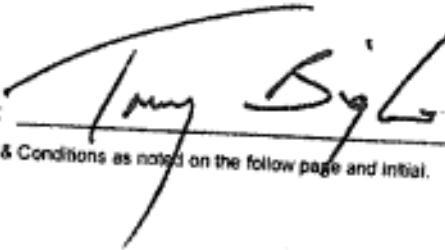
Thank you for allowing TriTek Fire & Security to serve your needs. If you have any questions or concerns please contact our offices.

affr-Part No.	Qty Description	Unit Price	Extended
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This \*\* Proposal \*\* is Valid for 30 Days.

NC Local Tax	\$	173.62
Project Total:	\$	5,312.78

I Accept This Quote:



Please review the Terms & Conditions as noted on the follow page and initial.

Date: 07/07/16

Division of Health Service Regulation

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C 155	Continued From page 2  material and so constructed as to be easily cleanable; (2) Scatter or throw rugs shall not be used; and (3) All floors shall be kept in good repair.  This Rule is not met as evidenced by: 1. Based on observation, the facility floor coverings were not maintained in a safe manner. This could expose residents to a slip and fall hazard.  Findings include: a) Room 5 has broken floor tile b) Room 9 has broken floor tile c) There is broken floor tile in the left corridor near the Laundry Room.	C 155	1) The broken floor tile has been replaced in room 5, room 9 and left corridor near laundry room. 2) The facility flooring will be monitored and maintained by Housekeeping Staff. All concerns will be reported to facility management team.	8/12/16
C 162	Outside Premises-Outdoor Lighting  SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (m) The requirements for outside premises are: (3) Outdoor walkways and drives shall be illuminated by no less than five foot-candles of light at ground level.  This Rule is not met as evidenced by: 1. Based on observation, the exterior lighting was not maintained to provide exterior illumination. This could expose residents to fall injury should the light fail to illuminate the exit.  Findings include: At the left exit the exterior light is missing the globe.	C 162	1) The exterior light globe has been replaced at left exit. 2) Administrator will monitor exit areas lighting monthly.	8/12/16
C 164	Housekeeping and Furnishings-Clean, Repaired	C 164		

Division of Health Service Regulation

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C 164	Continued From page 3  SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall: (1) have walls, ceilings, and floors or floor coverings kept clean and in good repair; (2) have no chronic unpleasant odors; (3) have furniture clean and in good repair; (e) This Rule shall apply to new and existing facilities.  This Rule is not met as evidenced by: 1. Based on observation, the resident furnishings in bedrooms and other areas were not maintained in good condition.  Findings include: a) Room 0 on left hall has furniture with handles loose/missing on the drawers. b) Room 0 on right hall has furniture with handles loose/missing on the drawers. c) Room 2 has furniture with handles loose/missing on the drawers. d) Room 5 has furniture with handles loose/missing on the drawers. e) Room 6 has furniture with handles loose/missing on the drawers. f) Room 7 has furniture with handles loose/missing on the drawers. g) Room 8 has furniture with handles loose/missing on the drawers, and a globe missing on the light fixture. h) Room 9 has furniture with handles loose/missing on the drawers, and a worn bed frame. i) Room 10 has furniture with handles loose/missing on the drawers. j) Room 13 has furniture with handles loose/missing on the drawers. k) Room 14 has furniture with handles	C 164	1) All furniture with handles loose/missing on the drawers have been repaired and/or replaced by Contract Maintenance team.  2) Facility furniture will be monitored and maintained by housekeeping staff on daily basis.  Any concerns will be reported to facility management team.	8/10/16

Division of Health Service Regulation

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C 184	Continued From page 4 loose/missing on the drawers. l) Room 17 has furniture with handles loose/missing on the drawers. m) Room 19 has furniture with handles loose/missing on the drawers. n) Room 22 has furniture with handles loose/missing on the drawers. o) Room 25 has furniture with handles loose/missing on the drawers. p) Room 27 has furniture with handles loose/missing on the drawers. q) Room 29 has furniture with handles loose/missing on the drawers. r) Room 31 has furniture with handles loose/missing on the drawers. s) Room 33 has furniture with handles loose/missing on the drawers, and a drawer is missing. t) Room 36 has furniture with handles loose/missing on the drawers. u) Room 37 has furniture with handles loose/missing on the drawers. v) Room 38 has furniture with handles loose/missing on the drawers. w) Room 39 has furniture with handles loose/missing on the drawers, and a mattress split open. x) Room 40 has furniture with handles loose/missing on the drawers.	C 164		
C 166	Housekeeping-Maintained Free of Hazards  SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall: (5) be maintained in an uncluttered, clean and orderly manner, free of all obstructions and hazards;	C 166		

Division of Health Service Regulation

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C 166	Continued From page 5  (e) This Rule shall apply to new and existing facilities.  This Rule is not met as evidenced by: 1. Based on observation, housekeeping was not maintained to keep the facility clean and free of hazards. This could jeopardize the health of the residents.  Findings include: Exterminator records indicate bedbugs are present in the following areas: a) Room 4, b) Room 6, c) Room 8, d) Room 9, e) Room 10 (Plan of protection issued requiring housekeeping to monitor and record on a daily basis the status of resident beds in impacted rooms. Also requires daily examination of residents and recording of status)  2. Based on observation, housekeeping was not maintained to keep the facility free of hazards. This could jeopardize the safety and health of the residents.  Findings include: a) In the Oxygen Storage Room near room 2 oxygen bottles are being stored in a beverage crate. b) Ladies bath near room 4 has mold growing on the shower walls c) The screen is missing off the Laundry Room window and there are flying insects present.	C 166	1) The facility implemented daily Resident Examination Form. Any resident in an impacted room will be examined for bites and receive medical attention, if needed. * See attached 2) Residents that are in impacted rooms will be monitored by personal care staff daily for bites and receive medical attention, if needed.	6/29/16
C 183	Fire Extinguishers  SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0308 FIRE EXTINGUISHERS (a) At least one five pound or larger (net charge) A-B-C type fire extinguisher is required for each	C 183		

## RESIDENT EXAMINATION FORM

JUNE/JULY	29	30	1	2	3	4	5	6	7	8
DAY OF WEEK	W	T	F	S	S	M	T	W	T	F
ROOM 4										
ROSETTA CAIN	H	H	H	H	H	H	H	H	H	H
LISA SMITH	ZB	LF	LF	LF	LF	NT	ZB	RL	NT	NT
ROOM 6										
CARY TURNER	ZB	LF	LF	LF	RL	NT	ZB	RL	NT	NT
ROOM 8										
CHERYL BAKER	ZB	LF	LF	LF	RL	NT	ZB	RL	NT	NT
MARIE OLSEN	ZB	LF	LF	LF	RL	NT	ZB	RL	NT	NT
ROOM 9										
MILDRED STUBBS	ZB	LF	LF	LF	RL	NT	ZB	RL	NT	NT
CONNIE MCKEITHAN	ZB	LF	LF	LF	RL	NT	ZB	RL	NT	NT
ROOM 10										
SYLVIA GRAHAM	ZB	LF	LF	LF	RL	NT	ZB	RL	NT	NT
MONIQUE BROWN	ZB	LF	LF	LF	RL	NT	ZB	RL	NT	NT

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C 183	Continued From page 6  2,500 square feet of floor area or fraction thereof. (b) One five pound or larger (net charge) A-B-C or CO/2 type is required in the kitchen and, where applicable, in the maintenance shop.  This Rule is not met as evidenced by: 1. Based on observation, the building fire protection equipment was not maintained to keep the facility safe. This would affect all residents by not having fire protection equipment operable for use in an emergency.  Findings include: The inspection tags on the fire extinguishers indicate that routine monthly inspections are not being performed per NFPA 10.	C 183	1) All tags on the fire extinguishers have been inspected and signed off for compliance  2) The facility staff will monitor monthly to ensure that inspections are being performed and tags initialed for compliance.	
C 189	Building Equipment Maintained Safe, Operating  SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (a) The building and all fire safety, electrical, mechanical, and plumbing equipment in an adult care home shall be maintained in a safe and operating condition. (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities.  This Rule is not met as evidenced by: 1. Based on observation, the building fire protection equipment was not maintained to keep the facility safe. This would affect all residents if the systems failed to detect smoke or suppress a fire.  Findings include:	C 189		

Division of Health Service Regulation

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C 189	Continued From page 7  a) All fire doors on the main corridor were propped open due to the failure of the magnetic hold-open devices. (Plan of protection issued requiring all corridor fire doors to be kept closed and latched until fire panel repaired and hold-open devices tested.)  2. Based on observation, the facility components were not maintained operable by having doors that did not close completely and latch.  Findings include:  The following doors have issues: a) The corridor door to room 2 scrubs the frame, is difficult to close and latch., and has a loose door knob, b) On the fire door near room 25 part of the door-mounted hold-open device is missing, c) The left end Exit door scrubs the frame and won't close and latch. d) The fire door near room 5 sticks in the frame and is difficult to open e) Downstairs bathroom door frame is missing the strike plate. f) The fire door separating the left corridor from the central Living Room is missing the wire glass. g) Room 33 has a damaged closet door. h) The corridor door to room 38 won't close and latch. i) Room 39 has a damaged closet door. Bought door j) Room 31 has a closet door with a loose door knob. k) On the right wing, the back Exit door won't close and latch l) The corridor door to room 36 is missing the strike plate for the latch m) The main corridor entry door to the Laundry Room has only a deadbolt, and no positive latching.	C 189	1) All fire doors are in working condition. A bad connection was repaired to hold all fire doors in place properly. * See attached 2) The fire and security company will monitor on a quarterly basis.  Any malfunctions will be reported to them immediately by the facility staff.	7/9/16



**TriTek**  
Fire, Security & Communications

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Division of Health Service Regulation

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C 189	Continued From page 8  n) Room 26 has a closet door with a hole in it  3. Based on observation, the building was not maintained in a safe manner by not maintaining the fire-resistance rating of building components. This would affect all residents by not containing smoke and fire in the room or smoke compartment of origin.  Findings include: a. The attic fire wall over room 31 has an unprotected penetration by conduit. b. In room 38 there is a hole in the wall behind the corridor door. c) In bedroom 5 there is a hole in the wall in the closet near the window. d) The public ladies bathroom ceiling in the lobby was damaged and has been partially repaired but has not been sealed and refinished. e) Room 38 has ceiling damage. Repair and refinish f) The Beauty Shop is being used to store boxes of diapers and contains substantially more combustible materials than it was designed for. g) Bedroom 26 has an unprotected ceiling penetration by CATV cable in the corridor closet. h) The Nurse Station has a dutch door that has no automatic flush bolt to latch the two leaves together automatically.  These unprotected openings are not in conformance with the requirement to use a through penetration fire stop system that has been tested in accordance with ASTM E-814.  4. Based on observation, the building exit signage and emergency illumination were not maintained in a safe manner. This would affect all residents by not keeping the exits visible in an emergency.	C 189	See attached	

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C 189	Continued From page 9  Findings include: Exit signs and emergency lights are not working in the following locations: a) The corridor Emergency Light near room 9 is not working on battery backup, b) On the right corridor the Exit Sign at the back Exit door is not working on battery backup c) In the Dining Room the Emergency Light is not working on battery backup. d)  5. Based on observation, the building plumbing equipment was not maintained operable. This could expose residents to a slip and fall hazard.  Findings include: a) The ladies bathroom near room 4 has a toilet coming loose from the floor, and a loose toilet seat. b) Bathroom "D" near room 37 has a toilet coming loose from the floor. c) Bathroom near room 35 has a toilet coming loose from the floor. d) Ladies bathroom near room 4 has a sink leaking onto the floor  6. Based on observation, the building plumbing equipment was not maintained in a safe manner by not providing a vacuum breaker. This would affect all residents by potentially siphoning waste water into the potable water system.  Findings include: In the ladies bathroom near room 4 the spray hose on the tub has no vacuum breaker.  7. Based on observation, the building electrical system was not maintained to keep the facility safe. This would affect all residents by potentially	C 189	See attached	

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